If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

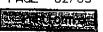


Request for Reinstatement



Other:

CLASS C AMENDMENT FORM



File the original with:	Mall or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE:	
I have the following Certificate:	
	er# Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the follow	ving amendment(s) to my Certificate:
✓ Name Change	
From:	DBA:
(Current Name) TO:) Full Service Taxi LL.C (New Name)	(Current DBA if applicable) DBA:
(New Name)	(New DBA if applicable)
Scope of Authority	
From: N/A	To:
· (Current Scope)	(New Scope)
Passenger Limit From: N/A	To:
(Current Limit Number)	(New Limit Number)
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
(City, State, Zip Code)	(Signature)
<u>843-303-2043</u> (Telephone Number)	(Title) Owner, President, etc.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FULL SERVICE TAXI, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 2nd, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of May, 2012.

Mark Hammond, Secretary of State